

9051

Form 8 5-09-4m.

## PLACE OF DEATH

County of MaricopaDistrict of No 3

Town of \_\_\_\_\_

or \_\_\_\_\_

City of Mesa

(If death occurs away from USUAL (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Mary Elizabeth JohnsonTer. Index No. 122County Registered No. 780

## Arizona Territorial Board of Health

## BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF DEATH

## PERSONAL AND STATISTICAL PARTICULARS

## LENGTH OF RESIDENCE

At Place of Death 27 yrs \_\_\_\_\_ mos.In Arizona 27 yrs \_\_\_\_\_ mos.SEX Female COLOR OR RACE White Chinese  
Black Indian  
MexicanDATE OF BIRTH Feb 20 1861  
(month) Feb (day) 1861 (year)AGE 48 years 8 months \_\_\_\_\_ daysSINGLE, MARRIED, WIDOWED, OR DIVORCED MarriedBIRTHPLACE Salt Lake City  
(State or foreign country)

## OCCUPATION

NAME OF FATHER Wm HastingsBIRTHPLACE OF FATHER England  
(State or foreign country)MAIDEN NAME OF MOTHER Sarah SmithBIRTHPLACE OF MOTHER England  
(State or foreign country)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant J & Johnson(Address) Mesa

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1908  
(month) (day) (year)I hereby certify That I attended deceased from Oct 17 1908 to Oct 17 1908that I last saw her alive on Oct 17 1908

and that death occurred on the date stated above at \_\_\_\_\_ M

The DISEASE or INJURY causing DEATH was as follows;

Bright's DiseaseWhere contracted Mesa at Duration acute

Contributing cause (if any) \_\_\_\_\_

Where contracted \_\_\_\_\_ Duration \_\_\_\_\_

(Signed) T. J. Moen M.D.

19\_\_\_\_ Address \_\_\_\_\_

## SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual residence \_\_\_\_\_ How long at \_\_\_\_\_ Place of Death \_\_\_\_\_ Days

Place of burial or removal Mesa Date of burial or removal Oct 18 1908Undertaker J. J. Hadnott Address MesaFiled Oct 19 1908 H. J. PetersonFiled Nov 1 1908 H. J. Peterson Local Register.

County Register.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.